

psychiatric inpatients. We explored current practice of HAT prevention in English psychiatric inpatients.

Methods. A Freedom of Information Act (FOI) request was sent to all 71 English mental health trusts, asking whether there was a Venous Thromboembolism (VTE) policy, whether a VTE risk assessment tool was being used, what is looked like, and the incidence of HAT in their psychiatric inpatients i.e., VTE during admission or occurring up to 90 days post discharge.

Results. We received 54 unique responses (76%) to the FOI. Of these, 36 (86%) shared their VTE policy, 26 (72%) of which had been adapted for this population; 38 (90%) shared their VTE risk assessment tool, of which 17 (45%) were adapted from the Department of Health VTE risk assessment tool.

Only five trusts out of 42 (12%) monitored VTE events up to 90 days post-discharge and 4 of these shared their monitoring policy. Only 18 (43%) were able to provide data on the number of psychiatric patients diagnosed with a VTE during their stay and up to 90 days post discharge between February 2016–2021, 6 (14%) said they would incur costs to collect this data and 9 (21%) were unable to access this data. Where information was provided, the number of HAT events ranged from 0–224 within each trust. Of the 18 trusts who provided data, a total of 514 events were recorded between Feb 2016-Feb 2021, but none of the trusts were able to confirm if this included VTE events up to 90 days post discharge.

Conclusion. Our FOI survey suggest a high incidence of VTE in psychiatric patients and indicate wide variation in HAT prevention in English hospitalised psychiatric patients. Most had a VTE Trusts had a policy in place, with 45% having a VTE risk assessment tool that listed risk factors unique to psychiatric patients, adapting VTE risk assessment tools in this way may lead to a greater use of thromboprophylaxis. The lack of access to data on HAT by mental health trusts is concerning. Further research is required to understand the rates of VTE, validate a VTE risk assessment tool and conduct trials looking at the benefit of thromboprophylaxis in psychiatric inpatients.

The SSRI Clinic: Improving SSRI Prescribing Safety in Outpatient CAMHS Clinic

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Aims. Within a multidisciplinary team of medical and non medical prescribers the aim of this project was to improve SSRI prescribing safety by 30% by June 2022. This was with view to enhance prescribing provision across the trust.

Methods. Multiple methods were done to improve staffs perception of safety. Criteria were set out in keeping with NICE guidance, RCPsych and BAP guidance on prescribing. Psychoeducation and focus groups were held to gauge colleagues thoughts on SSRI prescribing. This was along with pulse surveys.

An SSRI clinic was set up, with referral pathway, protocol for referral and staff clinics for reviews and new prescribing. This was to improve prescribing safety.

Health promotion leaflets were also made for the clinic in terms of non pharmacological methods to improve mental health.

Results. Improved staff safety from a Good (3) to Excellent (5).

Established SSRI clinic which will be spread trust wide to the other clinics.

Better monitoring and education of SSRIs.

Health promotion benefits.

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Evaluating a Pilot Group Based Mental Health Promotion Programme Adapted for Young People With Intellectual Disabilities: The “Healthy Me” Programme

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Aims. A mental health promotion programme called ‘Healthy Me’, was a collaboration between Action Mental Health (AMH) MensSana, Child and Adolescent Mental Health Services (CAMHS) in the Southern Health and Social Care Trust and the Royal College of Psychiatry (RCPsych) in Northern Ireland in 2014. Adapting ‘Healthy Me’ for delivery in special schools was recommended in evaluation of this pilot programme. A co-produced pilot adapted ‘healthy me’ programme, for young people with ID was taken forward by Action Mental Health (AMH) MensSana and Intellectual Disability Child and Adolescent Mental Health Service (ID CAMHS) in the Southern Health and Social Care Trust (SHSCT). To determine the feasibility of adaptation and delivery of the programme for the needs of the ID population. To inform changes to be made before wider roll-out. To promote children’s social and emotional well-being and emotional literacy through the teaching of problem-solving, coping skills, conflict management and managing feelings. To evaluate the effectiveness of this intervention with children being able to retain learning, information and ideas.

Methods. Evaluation

- Pre programme quiz July 2021 (young people)
- Post session 1–5 quizzes (young people)
- Post programme quiz October 2021 (young people)
- Simple visual blob tree (young people)

Outcome Measures

- Pre programme initial outcome measure (parent) The Mood, Interest and Pleasure Questionnaire-short form (MIPQ-S) July 2021
- Pre programme initial outcome measure (parent) non standardised, based on the strength and difficulties questionnaire (SDQ) and the Child and Youth Resilience Measure-Revised Person Most Knowledgeable version (PMK-CYRM-R) July 2021
- Post programme repeated outcome measure (parent) MIPQ-S October 2021
- Post programme repeated outcome measure (parent) Based on SDQ & PMK-CYRM-R October 2021

Results. Six participants identified at outset and four attended and engaged consistently, young people aged between 14 and 17 years. Participants were supported 1:1 to fill in a simple evaluation forms after sessions rating their enjoyment and what they had learnt. Repeating the MIPQ-S with parents highlighted